SKY VIEW NURSING CENTER

309 IRON STREET

HURLEY 54534 Phone: (715) 561-5646	6	Ownershi p:	I ndi vi dual
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Intermediate
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	36	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	36	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	36	Average Daily Census:	36
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents ($12/3$	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year	44. 4 41. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	2.8	Under 65	0.0	More Than 4 Years	13. 9
Day Services Respite Care	No No	Mental Illness (0rg./Psy) Mental Illness (0ther)	47. 2 2. 8	65 - 74 75 - 84	8. 3 22. 2	I	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	63. 9	**************************************	*****
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi plegic Cancer	0. 0 0. 0	95 & 0ver 	5. 6	Full-Time Equivalent Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)	
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	13. 9 2. 8	65 & 0ver 	100. 0 	RNs	5. 3
Referral Service	No	Di abetes	11. 1	Sex	%	LPNs	8. 9
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	2. 8 16. 7	 Male	27.8	Nursing Assistants, Aides, & Orderlies	25. 0
Mentally Ill	No			Femal e	72. 2	,	
Provide Day Programming for Developmentally Disabled	Yes	*******	100. 0	*****	100.0	*******	:*****

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				31	96. 9	75	0	0.0	0	4	100. 0	161	0	0.0	0	0	0.0	0	35	97. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	3. 1	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2. 8
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		32	100.0		0	0.0		4	100.0		0	0.0		0	0.0		36	100. 0

SKY VIEW NURSING CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Services, a	and Activities as of 12/	31/01
Deaths During Reporting Period		<u> </u>					
3 1 3		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	22.6	Daily Living (ADL)	Independent	0ne 0	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	32. 3	Bathi ng	0.0		97. 2	2.8	36
Other Nursing Homes	29. 0	Dressi ng	22. 2		75. 0	2. 8	36
Acute Care Hospitals	16. 1	Transferring	91. 7		8. 3	0. 0	36
Psych. HospMR/DD Facilities	0.0	Toilet Use	55. 6		36. 1	8. 3	36
Rehabilitation Hospitals	0.0	Eati ng	88. 9		8. 3	2.8	36
Other Locations	0.0	**************	******	******	******	********	******
Total Number of Admissions	31	Continence		%	Special Treatme		%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0. 0	Receiving Res	spiratory Care	0. 0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	19. 4	Receiving Tra	cheostomy Care	0. 0
Private Home/With Home Health	9. 7	Occ/Freq. Incontinent	of Bowel	5. 6	Receiving Suc	ti oni ng	0. 0
Other Nursing Homes	64. 5				Receiving Ost	comy Care	0. 0
Acute Care Hospitals	12. 9	Mobility			Receiving Tub	e Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0. 0	Receiving Med	chanically Altered Diets	8. 3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	12. 9	With Pressure Sores		0. 0	Have Advance	Directives	100. 0
Total Number of Discharges		With Rashes		0. 0	Medi cati ons		
(Including Deaths)	31				Receiving Psy	choactive Drugs	58 . 3

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Under 50 Intermediate Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 100.0 80.3 1.25 88. 0 1. 14 100.0 1.00 84. 6 1. 18 Current Residents from In-County 63.9 72.7 0.88 74. 3 0.86 63.9 1.00 77. 0 0.83 Admissions from In-County, Still Residing 32.3 18. 3 1. 76 36. 2 0.89 32. 3 1.00 20.8 1. 55 Admissions/Average Daily Census 86. 1 139.0 0.62 110.6 0.78 86. 1 1.00 128. 9 0.67 Discharges/Average Daily Census 86. 1 139.3 0.62 90. 2 0.95 86. 1 1.00 130.0 0.66 Discharges To Private Residence/Average Daily Census 8.3 58. 4 0.14 23.0 0.36 8.3 1.00 52.8 0.16 Residents Receiving Skilled Care 0.0 91.2 0.00 81.8 0.00 85. 3 0.00 Residents Aged 65 and Older 100 96.0 1.04 96.8 1.03 100.0 1.00 87. 5 1. 14 Title 19 (Medicaid) Funded Residents 88.9 72. 1 1.23 79. 1 88. 9 1.00 68. 7 1.29 1. 12 Private Pay Funded Residents 18.6 0.60 22. 0 11. 1 18. 5 0.60 11. 1 1.00 0. 50 Developmentally Disabled Residents 2.8 1.0 2.80 0.4 7.03 2.8 7. 6 0.37 1.00 Mentally Ill Residents 50.0 36. 3 1.38 60. 5 0.83 50.0 1.00 33. 8 1. 48 General Medical Service Residents 16. 7 16.8 0.99 11. 1 1. 51 16. 7 1.00 19. 4 0.86 27. 2 27. 2 49.3 Impaired ADL (Mean) 46.6 0.58 46. 3 0.59 1.00 0.55 Psychological Problems **58**. 3 47.8 1. 22 62. 1 0.94 58. 3 1.00 51. 9 1. 12 Nursing Care Required (Mean) 0. 24 1.0 7. 1 0. 15 4. 3 1.0 1.00 7. 3 0. 14